

You can Breastfeed!



A Helpful Guide for Mom

*H*aving a baby means planning ahead. Learning about breastfeeding will help you plan for your baby. This booklet will increase your knowledge of breastfeeding, and pave the way for success and enjoyment while breastfeeding! By breastfeeding, you are giving your very best to your baby. No one else can make such special milk. You will have a special part in your baby's growth and development.

International Board Certified Lactation Consultant (IBCLC), often called a Lactation Consultant, has many hours of experience with breastfeeding and has passed an exam.

Others with breastfeeding experience may be called a Breastfeeding Peer Counselor, Lactation Specialist, Breastfeeding Specialist, or Lactation Nurse.

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You will find Tip Sheets mentioned throughout this booklet. Tip Sheets are available from your local WIC office and titles are listed on pages 25-26.

Know the Facts

Breast milk . . .

- is the best food you can give your baby.
- has all the nutrients your baby needs for the first six months of life.
- is clean, warm and ready to serve.
- is easy for the baby to digest. Babies are less likely to have diarrhea or constipation.
- changes to meet the growing baby's needs.

Breastfed babies . . .

- are less likely to be put in the hospital with illness.
- are less likely to suffer from colds, flu and ear infections.
- have fewer skin rashes. Their skin stays soft, smooth and nice smelling.

Breastfeeding . . .

- helps the uterus return to its normal size.
- may help you gradually return to your normal weight.
- will save you time and money. There are no bottles or formula to buy or prepare.
- will give you time to relax and enjoy a special closeness with your baby.

*(For more information, ask for Tip Sheet 18, “Eat at Mom’s” as listed on page 26)

Breastfeeding in the Hospital

Make sure the doctors and nurses know that you want to breastfeed your baby. Breastfeed within the first hour after birth or as soon as possible.

Remind the hospital staff not to give bottles to your baby. Babies need to learn how to breastfeed well before they start having bottles. The baby’s tongue, jaws, and mouth don’t move the same way when sucking from the bottle as from the breast. Talk to a breastfeeding specialist if you think your baby was given a bottle and has nipple confusion. (Ask for Tip Sheet 1, “Nipple Confusion” as listed on page 25)

Ask the nurses or breastfeeding specialist in the hospital to help you find a comfortable position and to help your baby latch on to the breast.

Use pillows to support your back and arms to make it easier.

Below and on the next page are the four most common positions: cradle hold, cross-cradle hold, the football hold, and the side-lying hold. The cross-cradle hold is good to use with a newborn.



cradle



cross-cradle



football



side lying

Proper latch-on means success!

With proper latch-on, the baby's mouth should be as wide as when he yawns and his lower lip should be turned out like a "fish mouth." Don't lean over your baby, bring the baby to your breast. Remember "chest to chest" and chin to breast to help you position baby well.



Tickle your baby's lips with your nipple to get him to open wide, as if yawning.



When he opens WIDE,



Quickly pull him in towards you for the latch-on.



His mouth should be on the breast, not just the nipple. His lips should be turned out.

You may feel some tenderness for a few seconds but after your baby is latched on and sucking correctly, you should not feel any pain. If you feel pain, or the baby does not seem to be sucking correctly, stop and start over again. Break the suction by putting your finger in the side of the baby's mouth between the gums. If you let the baby continue to feed incorrectly, your nipple can become painful and damaged and the baby may not be able to get enough milk. Do not pull baby off the breast. You should insert your finger to break the suction and reposition.

Some babies are sleepy for the first few days after birth.

Do your best to breastfeed as often as you can in the hospital. If your baby does not wake up to eat at least 8 to 12 times in 24 hours, watch for signs that he is sleeping lightly (he may be wiggling, lip-smacking, or yawning) and offer the breast then. If your baby has not had any milk for three hours, or falls asleep at the breast before the breast softens, it is time to wake him up.

How to wake baby up:

- Undress your baby down to the diaper, and hold baby next to your skin.
- Gently rub your baby's hands, feet, arms and legs.
- Use a clean finger to stroke your baby's mouth so he starts sucking.
- Rub under your baby's chin.
- Talk and sing to your baby. Use his name often.
- Make eye contact with your baby and let him look at your face.
- Change your baby's diaper.
- Make your fingers "walk" up your baby's back.
- Wash your baby's face with a damp washcloth.
- Take your baby off the breast and burp him.

If your baby is not breastfeeding well in the hospital, contact the breastfeeding support staff in the local health department to let them know that you will need help when you leave the hospital. Try to set up a

clinic or home visit. This is a service that will cost you little or nothing depending on your situation. For WIC clients, this service is free.

Breastfeeding At Home

Since your baby's tummy is small and breast milk is easy to digest, you should feed your baby every two to three hours, for a total of 8 to 12 times in 24 hours.

Learn when your baby is hungry. He may . . .

- fuss.
- squirm.
- nibble on his hands.
- lip-smack.
- "root" before he cries.

Try to breastfeed the baby before he starts to cry. A crying baby may be too upset to breastfeed.

As your baby grows, his breastfeeding will improve, your milk supply will build up and he will go longer between feedings.

Let your baby end the feeding. He will come off the breast when he is finished. You can try to burp him before offering the second breast. Burping may help him feel less full, and he may breastfeed some more.

Breastfed babies have loose bowel movements that are yellow in color. They do not have a bad smell.

Your baby may have three or more bowel movements per day. As he gains weight, he may go several days without having a bowel movement. If you are giving only breast milk, don't worry. Your baby is not constipated. If your baby has no bowel movements in four days, you should call the doctor. (Ask for Tip Sheet 2, "Is Your Baby Getting Enough Milk" as listed on page 25)

Babies have growth spurts—breastfeed more often during this time.

Growth spurts usually only last for about two days, and can occur around 10 to 14 days, 3 weeks, 6 weeks, 3 months, and 6 months of age. You

might think that you don't have enough milk for your baby. The more you breastfeed, the more milk you make. If you fill the baby up with formula or water, he will nurse less and you won't make as much milk. (Ask for Tip Sheet 3, "Fussy Baby" as listed on page 25)

You may feel that your baby is hungry all the time.

This is normal. Breast milk is such a good food that your baby's body uses it easily. Your baby likes to stay close to you. Being close helps baby adjust to life in the big world. Sometimes breastfed babies need to be fed every 1-1/2 to 2 hours. Then, they may sleep for a long stretch. The length of time your baby breastfeeds may change. After a long feeding, your baby may sleep three to four hours. After a short feeding, your baby may want to eat again soon. This is normal, too. (Ask for Tip Sheet 4, "My Baby is Hungry All the Time" as listed on page 25)

Your baby will need only breast milk until he is 6 months of age.

After that, you will want to introduce him to solid foods, starting with iron-rich cereal. If you are not sure if your baby is ready for solid foods, ask the nutritionist at your local health department.

Breastfeeding In Public

You can breastfeed in public without showing your breasts.

Some moms use pullover tops, shirts that can unbutton from the bottom, or blankets that cover them. You can hold your baby in a way that will help cover you. Find a quiet corner or department store dressing room. South Carolina Act 269 states: "A woman may breastfeed her child in any location where the mother and her child are authorized to be. Breastfeeding a child in a location where the mother is authorized to be must not be considered indecent exposure."

Going Back to Work or School

You can go back to work or school.

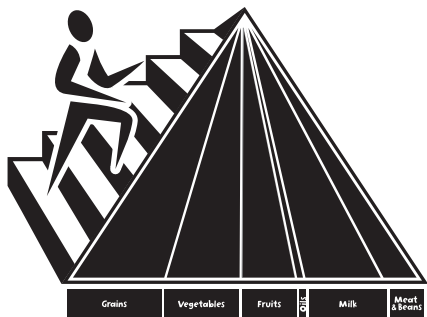
Start by breastfeeding the baby while you are at home. When you return to school or work, pump or hand-express your breast milk every few hours while you are away. Store the pumped breast milk in a cooler or fridge until you can put it in your fridge at home. Allow yourself about two weeks to practice pumping or hand expressing before you return to work

or school. Ask a breastfeeding specialist for help with your situation. (Ask for Tip Sheet 16, “Returning to Work” and/or Tip Sheet 5, “Storing Breast Milk”)

Staying Healthy While You Are Breastfeeding

In general, you will not need a special diet.

For your own health, eat a variety of good foods that are easy to prepare. Eat healthy snacks. Drink plenty of water, unsweetened fruit juice and milk. Use the new “MyPyramid” as a guide when choosing foods and amounts. (Ask for Tip Sheet 21, “MyPyramid in Action: Tips for the Breastfeeding Mom” or visit the web site at www.mypyramid.gov)



No single food causes problems when breastfeeding, but all babies are different and sometimes certain babies are sensitive to some foods. Try eating different foods, one at a time, to see if baby acts fussy or gassy. If he does, don't eat the food that may have caused the problem for a couple of weeks. For more help on eating healthy foods, visit www.mypyramid.gov or ask a nutritionist at your local health department or your doctor.

Avoid alcoholic drinks, because alcohol will pass through breast milk to your baby. Drink only 1 or 2 cups per day of **caffeine-containing drinks** (coffee, tea, sodas, chocolate, and avoid energy drinks.)

NEVER use street drugs. They will hurt you and your baby.

Check with your breastfeeding specialist, pharmacist, or doctor before taking any medicines, because they can also pass through breast milk to your baby.

You can take many medicines while breastfeeding, but some choices are better than others. You usually do not need to stop breastfeeding if you

get sick or need to take medicine. (Ask for Tip Sheet 20, “Medication and Breastfeeding” as listed on page 26)

Preventing Pregnancy

Breastfeeding does NOT prevent pregnancy.

When choosing a birth control method, avoid methods that contain estrogen, which can decrease your milk supply. Wait at least six weeks before you use methods that contain only progestin, so that your milk supply can get established. For more information, talk with your doctor.

Solving Problems

Jaundice

Many new babies have a yellowing of the skin called jaundice. This is the result of a chemical called bilirubin building up in the baby’s body. Breastfeed your baby often (every two to three hours) to increase bowel movements. Frequent bowel movements will help lower the amount of bilirubin in baby’s body. After you leave the hospital, if you notice that

your baby's skin or eyes look yellow, call your baby's doctor.

Leaking

Milk leaking from the breasts is common when you first start nursing.

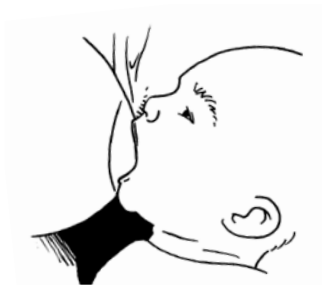
Leaking usually goes away by the time the baby is 6 to 8 weeks old.

Leaking is caused by milk "letdown" between feedings. Try crossing your arms over your chest and pressing against your breasts. Use breast pads without plastic liners to protect your clothes, and change them often.

Wear colored prints that hide the leaking. (Ask for Tip Sheet 6, "Leaking" as listed on page 26)

Sore Nipples

During the first few days, some women have sore or tender nipples at the start of a feeding. With correct latch-on, this eases after four or five sucks. If nipples continue to hurt, STOP and START OVER AGAIN. Break the suction by gently sliding your finger into the corner of your baby's mouth and try again. Check the position of the baby and make sure that his mouth is opened wide before he latches on. His lower lip should be turned out like a "fish mouth."



Note how the baby's lips are turned out and that the mouth is opened wide. Also notice how much of the breast is in baby's mouth. (Ask for Tip Sheet 7, "Sore Nipples" as listed on page 26)

Engorgement

As your milk "comes in," you may notice your breasts swelling between days three and five after giving birth. As your breasts get full with milk, they may get hard, swollen and painful. This is called engorgement. Engorgement may be prevented by early and frequent breastfeeding, or by hand expression. See the section on Expressing/Hand Pumping for hand expression methods. (Ask for Tip Sheet 8, "Engorgement" as listed on page 26)

Plugged Ducts

Signs of a plugged duct in the breast include: a tender spot, redness, or a sore lump in the breast. You may have a plugged duct at the tip of your nipple and see a white dot at the nipple opening. Also, be sure to breastfeed often, drink plenty of fluids and get extra rest. If you notice this problem, call your breastfeeding specialist for help. (Ask for Tip Sheet 9, “Plugged Ducts” as listed on page 26)

Mastitis

Signs of mastitis, a breast infection, include: a hot, swollen, tender area on the breast with fever, chills, aching joints, headache or flu-like symptoms. Do not stop breastfeeding! This infection cannot get into your milk, but you will need to call your doctor, so he can give you medicine for the infection. Call your breastfeeding specialist for advice on easing the pain and swelling. (Ask for Tip Sheet 10, “Mastitis” as listed on page 26)

Thrush

Thrush is a yeast infection that can appear in mom and the baby. White patches may appear in the baby’s mouth. Mom may have very sore nipples

that burn or itch. Thrush can have many causes, but it can be cured. You will need to call your doctor for medicine for **both** you and baby. (Ask for Tip Sheet 11, “Thrush” as listed on page 26)

Expressing/Pumping Options

Hand Expression of Breast Milk

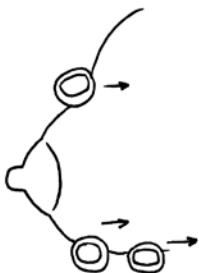
Some moms prefer to hand-express their milk rather than use a breast pump. Hand expression can be an easy way to relieve overly full breasts or to provide occasional bottles of breast milk for your baby. The pictures below and on the next page can help, but it is best to contact a breastfeeding specialist who can explain how to do it. (Ask for Tip Sheet 13, “Hand Expression” as listed on page 26)



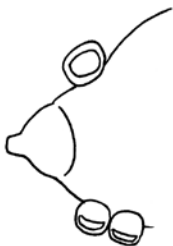
Before starting to hand express, gently massage your breast using small, circle-like motions, pressing firmly into your chest wall with the flat of your fingers.



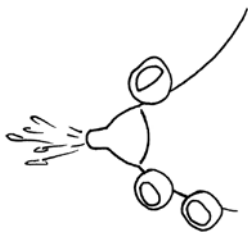
To hand express, place your hand on your breast about 1 inch behind the nipple, with your thumb above (at the 12 o'clock position) and your first two fingers below the nipple (at the 6 o'clock position).



Press in toward your chest. (For large breasts, first lift and then push into chest wall.)



Roll your thumb and fingers forward toward the nipple.



Note where the thumb and fingers are at the end of the roll.

Repeat these actions (position, press, roll; position, press, roll) until your milk begins to flow. Rotate around the nipple, using both hands on each breast.

Manual Breast Pumping

A manual breast pump can help breastfeeding moms supply breast milk to give in a bottle if baby and mom will be apart. Manual breast pumps can also relieve discomfort from very full breasts. To be good at pumping takes time, so don't expect large amounts of milk at first. Contact a breastfeeding specialist for tips on how to make manual pumping a success. (Ask for Tip Sheet 14, "Manual Breast Pumping" as listed on page 26)

Electric Breast Pumping

Electric breast pumps are sometimes used by moms who return to work or school, or by moms of premature babies who are not strong enough to feed from the breast. Be careful about buying electric breast pumps in stores. Companies that specialize in breast pumps make the best pumps. Get information from a breastfeeding specialist before shopping. Some WIC programs have electric breast pumps for special situations. If you qualify for an electric breast pump, a breastfeeding specialist will help you learn how to use it the right way. (Ask for Tip Sheet 15, "Electric Breast Pumping" as listed on page 26)

Family Support

Support from your family is helpful when choosing to breastfeed. Dad needs to be involved with the new baby, too. Dad has many chances to share time with you and the breastfeeding baby. Try to include him by talking to him about his thoughts or interests. He can help bathe the baby, help calm the baby when he is crying, read to him, walk with him or cuddle him! If your family and baby's dad know about breastfeeding and its many benefits, they can help you give breastfeeding top priority for the first few weeks.

Weaning

Weaning means to stop breastfeeding. When to wean depends on your needs and the needs of your baby. The longer you breastfeed, the better it is for you and your baby.

Once you and your baby are ready to wean, the best way is **slowly**. Weaning can be natural, assisted, or abrupt. Abrupt weaning should only be

used in rare situations. Call the breastfeeding specialist for details when you and your baby are ready to wean. (Ask for Tip Sheet 12, “Weaning” as listed on page 26)

If You Have Questions

Many breastfeeding moms have questions or concerns. Ask for help if you need it!

Contact your local WIC office and ask for a breastfeeding coordinator, breastfeeding peer counselor, nurse, health educator or nutritionist who works with breastfeeding mothers. You can request any of the Tip Sheets listed below from your local WIC office.

- 1 “Nipple Confusion in the Breastfed Baby,” publication number ML-009133.
- 2 “Is Your Baby Getting Enough Milk?,” publication number ML-009105.
- 3 “Fussy Baby,” publication number ML-009106.
- 4 “My Baby Is Hungry All the Time,” publication number ML-009108.
- 5 “Storing Breast Milk,” publication number ML-009113.

- 6** "Leaking," publication number ML-009109.
- 7** "Sore Nipples," publication number ML-009112.
- 8** "Engorgement," publication number ML-009104.
- 9** "Plugged Ducts," publication number ML-009111.
- 10** "Mastitis," publication number ML-009110.
- 11** "Thrush," publication number ML-009114.
- 12** "Weaning," publication number ML-009117.
- 13** "Hand Expression," publication number ML-009107.
- 14** "Manual Breast Pumping," publication number ML-009115.
- 15** "Electric Breast Pumping," publication number ML-009116.
- 16** "Returning to Work or School" publication number ML-025286.
- 17** "How to Increase Milk Supply" publication number ML-025285.
- 18** "Eat at Mom's" publication number ML-025296.
- 19** "How Long Should I Breastfeed My Baby" publication number ML-025389.
- 20** "Medications and Breastfeeding" publication number ML-025379.
- 21** "MyPyramid in Action: Tips for the Breastfeeding Mom" publication number ML-025377.

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Breastfeeding...

more than *just* good nutrition.



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